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Bib Data Sheet

CONFIRMATION NO. 5763

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|--|--|-------------------------------|---|--------------------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/874,661   | <b>FILING DATE</b><br>06/04/2001<br><b>RULE</b>  | <b>CLASS</b><br>455           | <b>GROUP ART UNIT</b><br>2681   | <b>ATTORNEY DOCKET NO.</b><br>010069 |                                |
| <b>APPLICANTS</b><br>Michael J. Wengler, Carlsbad, CA;<br><b>** CONTINUING DATA *****</b><br><i>AMB NONE</i><br><b>** FOREIGN APPLICATIONS *****</b><br><i>AMB NONE</i><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 08/03/2001</b>  |  |                               |   |                                      |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature _____ Initials _____ |  | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>7  | <b>TOTAL CLAIMS</b><br>34            | <b>INDEPENDENT CLAIMS</b><br>7 |
| <b>ADDRESS</b><br>QUALCOMM Incorporated<br>Attn: Patent Department<br>5775 Morehouse Drive<br>San Diego, CA 92121-1714   |  |                               |   |                                      |                                |
| <b>TITLE</b><br>Diversity gain with a compact antenna  |  |                               |   |                                      |                                |
| <b>FILING FEE RECEIVED</b><br>1502   | <b>FEES: Authority has been given in Paper</b><br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                      |                                |

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